## MEDICAL TEACHING INSTITUTE, ABBOTTABAD

(Ayub Medical College – Ayub Teaching Hospital)

## **APPLICATION FORM -HOSPITAL DIRECTOR**

lame of Candidate:			Father Name:				
CNIC No	:Date	of birth:		: AGE	_Contact N	lo	
\ddress:	·						
 mail:							
ducation	on & Qualification:						
S/No.	Name of Degree/Dipl	iploma		Passing year		Institution/University	
an additio	nal Qualification/Certional qualification or Training/Coent, financial management and	ertification which is pe					
S/No.	o. Name of Duration  course/training/ certification		tion of course Year qua		ed	Institute	
(Please	ssional Experience: mention level of hospital, i d. Please attach the experie					where hospital experi	
S/No.	Name of	Designation	D	uration	Туре	of hospital	
	institution/Hospital	<u> </u>				e include bed size)	
			-				
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Nationa	l /International Recog	nitions of Excelle	ence	(Awards from	nrofession	nal societies):	
Nationa	l /International Recog	nitions of Excell	ence	(Awards from	profession	nal societies):	

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	tach the photo copies of the education/Qualification and experitional sheet if required	ience claimed	
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S. No.	Particulars	Attached Yes/No	No. of Pages
1	Application Form		
2	Cover Letter		
3	CV		
4	Educational Degrees		
5	Additional Educational qualification/Certification		
6	Experience Certificates		
7	Recognition of excellence certificates (Award from Professional Societies)		
8	Certificates of presentation in conferences		
	<u>Declaration</u>		
nformation	CNIC No  n I provided in my CV and application form ospital is correct and that I have never been	for the post of Hos	
nisconduct	<b>:.</b>		
		Signature:	
		Date:	